

Release and Consent

Return to:
CONGRESSMAN JAMES T. WALSH
P.O. Box 7306 Syracuse
New York 13261

I, _____ request the assistance of your office in the following matter.

☐ Social Security

Social Security Number

☐ Veteran Affairs

C or CCS Number

☐ Military

Branch

☐ Other

List Federal Agency

Explain the nature of your problem:

I authorize Congressman James T. Walsh or a member of his staff to make inquiries on my behalf regarding this issue.

Signature

Date

Name (Please print)

Address

Phone (Home)

City

Zip

Phone (Work)